X. MEDICAL ALERT SERVICES FOR OLDER AND DISABLED ADULTS

Current Providers: _____

Funding Sources: _____

Total Public Funding Last Fiscal Year: _____

Number of Public/Subsidized Consumers Served Last Fiscal Year: _____

Average Cost for the service per year: _____

A. EXISTENCE Are these services available to older and disabled adults in your community?		
1. Does your community have at least one provider of medical alert services?	Yes	No
2. Does your community have at least one provider of medical alert services that accepts public funding sources?	Yes	No
3. If your community does not have a provider of any of the above types of medical alert services, is there a provider in a neighboring county or community that could serve those in need?	Yes	No
OVERALL EXISTENCE RATING	**1 2 3 4 5**	

B. ADEQUACY Are these services in sufficient supply for those who need it?	
1. Is there a waiting list for any publicly-funded medical alert services? If so, how many people are waiting? Why is there a waitlist (ex. lack of funding, no provider)? (How many are currently on the waiting list? How many currently receive service? What is the ratio of the number waiting ÷ the number of people receiving service? How does this ratio compare to the state ratio and similar counties? If there is no waiting list, is it because everyone who needs services receives them, providers do not keep waiting lists, etc.?)	Yes No
2. If there is a waiting list, how acceptable is the average waiting time? (How many people are on the waiting list? What is the average waiting time compared to state and comparable county averages? How many people did not need/want service by the time they reached the top of the waiting list?)	1 2 3 4 5
3. To what extent are medical alert services available to people in all areas of your community? Please list any uncovered areas: (Are there any urban areas or large rural areas more than 20 miles from the nearest medical alert providers? Are there any areas in your community where medical alert services can not be used? Why is service unavailable there?)	1 2 3 4 5
4. How adequate is public funding to provide medical alert services to all older and disabled adults in your community who can't afford it? (What public funding sources are available to help pay for medical alert services? Are there long waiting lists for public funded services vs. private pay services? What is the per capita public expenditure on medical alert in your community? How does this compare to state and comparable county expenditures?)	1 2 3 4 5
5. Can medical alert services in your community remind consumers that it is time to take medicine?	Yes No

(If it is offered, is there an extra charge for this service? Does medication alert depend on payer-source?)		
6. Do medical alert services in your community include smoke detector coverage? (If offered, is there an extra charge for this service? Does smoke detector coverage depend on payor-source?)	Yes	No
7. Can medical alert services in your community store advance directives and communicate them to EMS to ensure that end-of-life wishes are honored? (If offered, is there an extra charge for this? How does advanced directive services work [i.e. how does EMS receive advance direction notice]? Does advance directive storage and communication availability depend on payer-source?)	Yes	No
8. Can medical alert services in your community instantly retrieve patient records (contact information, health information, etc.) during an emergency? (If so, how and when are the records transferred? Does availability of this service depend on payer-source?)	Yes	No
9. Can medical alert services in your community get in touch with consumers' contact persons during emergencies? (If so, is there an extra charge for this service? How are emergency contacts reached? What is the average length of time between initial alert and emergency contact? Does availability of this service depend on payer-source?)	Yes	No
10. Do medical alert services in your community offer waterproof medical alert devices? (If so, is there an extra charge for this type of device? Does availability of this service depend on payer-source?)	Yes	No
11. Do medical alert services in your community allow consumers to travel while remaining covered (for example, through nationwide coverage plans?)? (Do all medical alert services in your community work when consumers travel? What is the coverage zone? Is there an extra fee for this service? Does availability of this service depend on payor-source?)	Yes	No

OVERALL ADEQUACY RATING	1	2	3	4	5

C. ACCESSIBILITY	
How obtainable are these services for those most in need?	
1. How successful are the outreach programs conducted by publicly-funded medical alert services in your community (if applicable, if your community has no publicly-funded medical alert services, please move onto question 2)? (What types of public information, outreach, and other informational programs are offered to the general public, caregivers and others? What % of consumers are self-referred?)	1 2 3 4 5
2. To what degree are public communications and outreach/marketing activities consumer-friendly? (What is the average reading level of materials? Are materials available in large print, Braille, other languages, etc?)	1 2 3 4 5
3. To what degree do older and disabled adults and their caregivers know about medical alert services in your community? (What % of consumers buy medical alert services without the recommendation of a health or social services professional? What % of people who buy this service may not actually need it?)	1 2 3 4 5
4. To what extent do key referral sources (hospital discharge planners, physicians and nurses, etc.) know about medical alert services in your community? (What % of people purchasing or receiving medical alert services do so at the recommendation of a key referral source ? What % of their recommendations are appropriate?)	1 2 3 4 5
5. To what extent are medical alert services affordable to everyone who needs assistance? (What is the initial cost of medical alert services in your community? What is the monthly fee? How do those charges compare to services in other similar counties? What % of the average monthly household income of an older and/or disabled adult does that fee represent?)	1 2 3 4 5
6. To what extent is public funding available to consumers in need of financial assistance? (What public funding sources are available to assist with medical alert services in your community? Which medical alert providers will	1 2 3 4 5

accept public funding sources? What % of medical alert consumers are publicly subsidized?	
7. To what extent can medical alert providers come to consumers' homes so that frail older and disabled adults don't have to leave home to sign-up for services? (Will providers to go consumers' homes? Under what circumstances? Is there an extra fee for home visits?)	1 2 3 4 5
8. To what extent can older and disabled adults in your community receive information and sign-up for medical alert services through home care agencies, hospitals, community service agencies, senior centers, etc.? (What public information, outreach, and other informational programs are offered to the general public, caregivers, and others about medical alert services?)	1 2 3 4 5
9. To what extent do the medical alert providers in your community offer on-line referral forms for physicians and nurses? (What types of arrangements/partnerships do medical alert providers have with all of these types of organizations? What % of consumers are served at these organizations' offices/programs/etc?)	1 2 3 4 5
OVERALL ACCESSIBILITY RATING	**1 2 3 4 5**

D. EFFICIENCY AND DUPLICATION OF SERVICES	
How reasonable are the costs of services?	
Are options for streamlining services available in the community?	
1. How reasonable are the administrative costs of providing medical alert services for publicly funded medical alert providers? (What % of the providers' total budget goes towards administrative expenses? How does this % compare to the state average and %'s in comparable counties?)	1 2 3 4 5
2. To what extent are the costs of medical alert services in your community justified by the results? (Is there evidence that the providers consistently adhere to their contracts with consumers? What are the positive outcomes of medical alert services in your community? Have there been any negative consequences? Do the positive outcomes seem worth the cost of medical alert services?)	1 2 3 4 5
OVERALL EFFICIENCY AND DUPLICATION RATING	**1 2 3 4 5**

E. Equity					
How available are these services to all who need them without bias?					
1. To what extent are medical alert services available to all geographic areas in your community? (Where are providers located? Are there any areas in your community where medical alert services are not available? If so, where? Why?)	1	2	3	4	5
2. To what degree are medical alert services available to all populations in your community without bias? (What are the demographic characteristics of medical alert consumers? How do consumers' characteristics compare to the characteristics of older and disabled adults in your community? Is there any reason other than cost for any observed demographic differences in participation?)	1	2	3	4	5
3. To what extent are subsidized and private-pay medical alert consumers treated the same and offered the same medical alert services? (Are there differences in services provided to subsidized vs. private-pay consumers?)	1	2	3	4	5
4. If there is a waiting list for publicly-funded medical alert services, how sufficient is the system in place for prioritizing consumers in terms of need? (What are the policies and procedures governing prioritization?)	1	2	3	4	5
5. How sufficient are the publicly-funded medical alert providers' nondiscrimination policies? (What are the providers' nondiscrimination policies? Do they differ from state and federal laws? How are consumers and staff educated about the nondiscrimination policies?)	1	2	3	4	5
OVERALL EQUITY RATING	**1**	**2**	**3**	**4**	**5**

F. Quality/Effectiveness					
How successful are these services in addressing consumers' needs?					
1. To what extent do medical alert providers have special quality assessment or improvement efforts underway? (What customer satisfaction, process, QA and/or outcome evaluations have been performed during the past 5 years?)	1	2	3	4	5
2. To what degree are medical alert responders knowledgeable about issues special to the health and well being of older and disabled adult populations? (What staff qualifications and job training are required? Is continuing education mandatory? If so, who pays for continuing education?)	1	2	3	4	5
3. To what extent are medical alert responders trained in emergency response protocols? (What staff qualifications and job training described in question 2 are relevant to this question? Have staff had any problems dealing with emergencies? Is stress management taught and/or available to staff?)	1	2	3	4	5
4. How adequate are the policies and procedures adopted by medical alert providers to ensure that services will remain up and running at all times (regardless of power outages, computer problems, etc.)? (What policies, procedures, guidelines are there to handle emergencies [e.g. power outages]? How have these policies, procedures, and guidelines worked during emergencies in the past 5 years? Have there been any instances of down services in the past year? If yes, what happened? How long was service down? How was it resolved? Have any extra precautions been implemented since?)	1	2	3	4	5
5. To what extent do medical alert providers offer training to first responders (EMS workers, fire fighters, and law enforcement) in identifying medical alert consumers and calling the medical alert responder to get critical health and contact information? (What cooperative arrangements do medical alert providers have with first responders? Is training available to first responders? If so, how often? Is it mandatory? What does the training entail?)	1	2	3	4	5

6. To what extent do medical alert providers offer training to emergency room personnel in identifying medical alert consumers and calling the medical alert responder to get critical health and contact information? (What arrangements do medical alert providers have with hospital emergency departments? Is training provided to ER personnel? If so, how often? Is it mandatory? What does training entail?)	1 2 3 4 5
7. To what extent do medical alert providers survey consumers and their caregivers to determine satisfaction and areas for improvement? (Have consumers been surveyed in the past 5 years? If so, what process was used? What were the major findings?)	1 2 3 4 5
8. To what extent do medical alert providers act on consumers' feedback? (What policy and/or program changes have been implemented as a direct result of client feedback?)	1 2 3 4 5
9. How sufficient is the complaint resolution process? (What is the official complaint resolution process? How many complaints were documented last year? What was the nature of those complaints? What % were resolved to the satisfaction of the client?)	1 2 3 4 5
10. To what extent are complaints considered during planning, program development, or quality improvement efforts? (What policy and/or program changes have been implemented as a direct result of client complaints?)	1 2 3 4 5
11. To what extent do medical alert providers work with public and not-for-profit agencies to communicate unmet needs to county commissioners, planning, and other agencies? (How are medical alert providers represented in meetings with county commissioners, planning boards and other planning boards? Do other organizations representing older and disabled adults ever mention medical alert needs?)	1 2 3 4 5
OVERALL QUALITY RATING	**1 2 3 4 5**

Recap of Overall Medical Alert Services Ratings	
Existence	1 2 3 4 5
Adequacy	1 2 3 4 5
Accessibility	1 2 3 4 5
Efficiency and Duplication	1 2 3 4 5
Equity	1 2 3 4 5
Quality/ Effectiveness	1 2 3 4 5

Medical Alert Services' Major Strengths:

Identified Barriers and Areas for Improvement: